TOD A NORMOTEURAL AND NOTICE OF A DDDOVAL OF	1. TRANȘMITTAL NUMBER:	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	11. TRANSMITTAL NUMBER.	2. STATE Arizona
STATE PLAN MATERIAL	11-010	Alizona
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: Centers for Medicare and Medicaid Services		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	October 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	, 2000	
5. TYPE OF PLAN MATERIAL (Check One):		
J. III DI I LIII IIII LIIII (Choir One).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
0. FEDERAL STATUTE/REGULATION CITATION:	\$ (0) FY12: \$0; FY13: \$0	
1002(a)(30)(A)	Ψ (υ / Ι Ι Ι Ι Ζ. ψυ, Γ Ι Ι Ι Ι. ψυ	
1902(a)(30)(A) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	Q PAGE NUMBER OF THE SUBERS	EDED PLAN SECTION
0. FAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-A, page 11	OKATTACHWENT (IJ Applicable).	
Attachment 4.19-A, page 11 Attachment 4.19-B, pages 1, 2, 5a and 5b	N/A	
Attachment 3.1-A, page 9	Attachment 4.19-A, page 11	
Auacinient 3.1"A, page 9	Attachment 4.19-A, pages 1, 2, 5a and 5b	
	Attachment 3.1-A, page 9	
	Attachment 3.1-A,	har i
10. SUBJECT OF AMENDMENT:		
10. SODJECT OF AMELIADIVIDIA :		
Updates the State Plan pages regarding the effective dates for fee for service rates.		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Man Com	Monica Coury	
1064	801 E. Jefferson, MD#4200	
13. TYPED NAME:	Phoenix, Arizona 85034	
Monica Coury		
14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:	-	
December 29, 2011		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: JAN 0	1 2013
December 29, 2011	Jun a 1	F TOIS A
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE OF REGIONAL OF	FICIAL:
October 1, 2011		Octing for-
21, TYPED NAME:	22. TITLE: Associate Regional Admir	
Gloria Nagle	Division of Medicaid & Children's Health Operations	
23. REMARKS:		
Pen & ink changes to Boxes 7, 8, and 9 made per CMS request on 12/19/12.		
	선생님 - 선생님들은 그리고 있는데 그리고 없다.	er og kalter. Navna
	경기 : 100 - 100 - 100 기업	
	보고 있는 사람들은 사람들이 되었다. 1907년 - 1일 - 1일	
[8] :"你就会不完成你你就是我的意思的,我就是我们的人,我们就是我们的人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,	다. 그는 그는 그들의 강성 흥권하다는 그는 사기를 중심했다는 것 같다.	